



Illinois State Treasurer
ALEXI GIANNOULIAS



OUR OWN HOME PROGRAM APPLICATION

I. TYPE OF MORTGAGE AND TERMS OF LOAN

Loan Amount \$	Interest Rate	No. of Months	Amortization Type: <input type="checkbox"/> Fixed Rate <input type="checkbox"/> GPM	<input type="checkbox"/> Other (explain) <input type="checkbox"/> ARM (type)	<input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Loan Modification
-------------------	---------------	---------------	---	---	---

II. PROPERTY INFORMATION AND PURPOSE OF LOAN

Subject Property Address (street, city, state & zip code)		County	No. of Units
Title will be held in what name(s)			Estate will be held in: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold

Complete this line if this is a refinance loan.

Year Acquired	Original Cost \$	Amount of Existing Liens \$	Has at least one (1) payment been missed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe circumstances:
---------------	---------------------	--------------------------------	--

Borrower

III. BORROWER INFORMATION

Co-Borrower

Borrower's Name (include Jr. or Sr. if applicable)			Co-Borrower's Name (include Jr. or Sr. if applicable)		
Social Security Number	Home Phone (include area code)	Date of Birth	Social Security Number	Home Phone (include area code)	Date of Birth
<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (single, divorced, or widowed)	Dependents (not listed by Co-Borrower) No. Ages	<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (single, divorced, or widowed)	Dependents (not listed by Borrower) No. Ages
Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Number of Years: _____			Number of Years: _____		

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent representation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. And liability for monetary damages to the Financial Institution, the Illinois State Treasurer, and First Midwest. Borrower acknowledges that the loan amount may be amended at a later time to reflect an increase in the loan amount due to closing costs and other additional expenses.

BORROWER'S SIGNATURE

CO-BORROWER'S SIGNATURE

X

Date

X

Date

IV. FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name & Address	Contact Name
	Contact Phone Number

V. APPROVAL

Does the applicant qualify for financing under existing loan products offered by your financial institution? ☐ NO ☐ YES - IF YES → DENIED: Meets conventional loan standards.

IF NO → Please explain why: _____

Please maintain supporting documentation on file for the duration of the pledge.

With the signature provided below, Financial Institution agrees to provide loan based upon the conditions and terms established by the Illinois State Treasurer's Our Own Home Program. In the event the home loan is not funded, the Financial Institution agrees to send a written notice to the Illinois State Treasurer's Office within 30 days.

X _____
Lender's Signature

Date

PRINT NAME

Please fax this form for review to Our Own Home Program Bank Administrator, Trust Division, First Midwest Bank at (815) 773-2696. This agreement shall be executable in counterparts, and facsimile signatures shall be construed as original signatures for all purposes.

FOR OFFICE USE ONLY

Approval:

Our Own Home Bank Administrator _____ Date

Our Own Home Program Manager _____ Date

If necessary: Amended loan amount \$ _____

Reason for amended amount: _____

Financial Institution _____ First Midwest Bank _____

Our Own Home Manager _____ (Revised July 2006)